

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 580 Department or Agency Alabama Department of Mental Health

Rule No. 580-2-9-.13

Rule Title: Partial Hospitalization Program

 New X Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? NO

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Date

12/19/19

REC'D & FILED

DEC 19 2019

LEGISLATIVE SVC AGENCY

(DATE FILED)
(STAMP)

Alabama Department of Mental Health

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Mental Health

RULE NO. & TITLE: 580-2-9-.13 Partial Hospitalization Program

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION: We have created Chapter 580-2-20 to eventually combine the current rules for Mental Illness in Chapter 580-2-9 and Substance Abuse in Chapter 580-9-44.

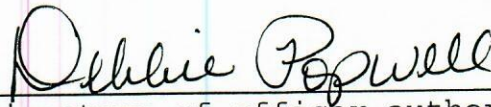
TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments in writing to Debbie Popwell, Director, Office of Certification Administration, Alabama Department of Mental Health, 100 North Union Street, Suite 540, Montgomery, Alabama 36130 by mail or in person between the hours of 8:00AM and 5:00PM, Monday through Friday, or by electronic means to Debbie.popwell@mh.alabama.gov until and including March 6, 2020. Persons wishing to submit data, views, or arguments orally should contact Ms. Popwell by telephone at (334) 353-2069 during this period to arrange for an appointment.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
March 6, 2020

CONTACT PERSON AT AGENCY:

Persons wishing a copy of the proposal may contact
Debbie Popwell
Department of Mental Health
100 North Union Street, Suite 540
Montgomery, Alabama 36130
(334) 353-2069

A copy of the proposed change is available on the department's website at <http://mh.alabama.gov>. Click on Provider Portal and then Certification to find code with changes.


(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

580-2-9-.13 Partial Hospitalization Program.

(1) The program description is approved by the board as specified in 580-2-9-.08(10)(b). It is consistent with the provisions of this section and defines the Partial Hospitalization Program (PHP) as an identifiable and distinct organizational unit that provides intensive, structured, active, clinical treatment with the goal of acute symptom remission, hospital avoidance, and/or reduction of inpatient length of stay. The program description must include all of the following components:

(a) A description of the nature and scope of the program that includes at a minimum the provision of services as specified in 580-2-13-.13(2).

(b) Discharge/transfer criteria and procedures consistent with 580-2-9-.13 (1)(h).

(c) A description of the geographic service area for the program.

(d) Admission criteria shall include the following inclusionary criteria:

1. Presence of a psychiatric diagnosis.
2. Acute psychiatric symptoms resulting in marked or severe impairment in multiple areas of daily life sufficient to make hospitalization very likely without admission to Partial Hospitalization Program.
3. Admission is an alternative to continued hospitalization.
4. Severe persistent symptoms without acute exacerbation where significant clinical progress has not been made in a less intensive treatment setting and where PHP services are reasonably expected to improve the consumer's symptoms, condition, or functional level.

(e) Exclusionary criteria shall address the following:

1. The consumer requires a more intensive level of care.
2. The consumer is experiencing mild to moderate symptoms without an acute exacerbation.
3. Less intensive levels of treatment can reasonably be expected to improve the consumer's symptoms, condition, and

(f) The program description clearly identifies the PHP as a time-limited program with the expected length of stay (LOS) not to exceed 3 months, unless clinically justified, but not more than 6 months per admission.

(g) The program description shall state the procedure for extending a consumer past the expected LOS and must require at least one of the following criteria for continued stay and the psychiatrist, certified nurse practitioner, or physician assistant certifies the need to extend the length of stay for a specified period of time not to exceed 3 one-month extensions to achieve clearly articulated clinical objectives:

1. Goals and objectives specified on the treatment plan have not been substantially attained or new problems have emerged and further treatment can be reasonably expected to result in progress toward goals and objectives and/or continued stability.

2. Continued treatment cannot be provided in less intensive levels of care due to a reasonable risk of relapse and/or hospitalization based on documented clinical judgment or failed attempts to transition the consumer to a less intensive level of care.

(h) Discharge/transfer criteria shall include the following:

1. Treatment plan goals and objectives have been substantially attained and continued treatment can be provided in less intensive levels of care.

2. Consumer's degree of impairment, severity of symptoms, and level of functioning have improved enough to resume normal activities (school, work, home) or to receive less intensive services (e.g. intensive day treatment, rehabilitative day program, standard out patient services, case management, etc.).

3. Consumer's degree of impairment, severity of symptoms, and/or level of functioning necessitates admission to a more intensive level of care.

4. Consumer is unwilling or unable to participate in/benefit from the program due to severity of symptoms, functional impairment, behavioral problems, personal choice, or cognitive limitations despite repeated documented efforts to engage the patient.

5. Consumer primarily needs support, activities, socialization, custodial, respite, or recreational care that

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could be provided in other less intensive settings (e.g. drop-in center, senior center, peer support group.)

(2) The Partial Hospitalization Program shall constitute active, intensive treatment that specifically addresses the presenting problems that necessitate admission. An initial screening to evaluate the appropriateness of the consumer's participation in the program and to develop an individualized treatment plan must be conducted. The following services must be available and provided as indicated by the initial screening:

- (a) Medication evaluation and medication management.
- (b) Individual, group, and family therapy.
- (c) Coping skills training closely related to presenting problems e.g. stress management, symptom management, assertiveness training, and problem solving as opposed to basic living skills such as money management, cooking, etc.
- (d) Activity therapy closely related to the presenting problems that necessitated admission (e.g. aerobics, maintaining a recovery diary, creative expression (art, poetry, drama) pertaining to the recovery process).
- (e) Medication administration.
- (f) Medication monitoring.
- (g) Family education closely related to the presenting problems such as diagnosis, symptoms, medication, coping skills, etc.
- (h) Consumer education closely related to presenting problems such as diagnosis, symptoms, medication, etc. rather than academic training.
- (i) Documentation of daily services attended must be in each consumer's record.

(3) Partial Hospitalization Programs shall have a multi-disciplinary treatment team under the direction of a psychiatrist, certified registered nurse practitioner, or physician's assistant. The team may include social workers, counselors, psychologists, nurses, occupational therapists, recreational therapists, activity therapists, chemical dependency counselors, and other staff trained to work with psychiatric patients. At a minimum, the treatment team will include a psychiatrist (or certified nurse practitioner or physician's assistant), a doctoral or master's level clinician, a licensed practical nurse, and at least one other trained professional

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and/or para-professional. The clinician, nurse, and other staff member will each be present during the hours of program operation except for excused absences. A qualified interpreter will be present at all team meetings when a consumer who is deaf or who has limited English proficiency is present. There shall be a sufficient number of staff for the daily census of the program with a minimum staff to consumer ratio of 1:10.

(4) The program coordinator must have a master's degree in a mental health related field and at least 2 years of post-master's direct mental illness service experience or be a registered nurse with a minimum of 2 years of psychiatric experience.

(5) A psychiatrist, certified nurse practitioner, or physician's assistant shall be responsible for providing and documenting the following services:

- (a) Order for admission.
 - (b) Initial psychiatric evaluation.
 - (c) Initial approval and monthly review of the treatment plan.
 - (d) Medication evaluation and management services.
 - (e) Evaluation of readiness for discharge and discharge order.
 - (f) At least monthly face-to-face assessment of the consumer and as medically/psychiatrically indicated.
 - (g) Face-to-face evaluation and certification of need for continued stay on at least a monthly basis.
- (6) Each patient in a Partial Hospitalization Program shall have a counselor/therapist who meets the requirements at 580-2-9-.03(7).

(7) Consumers admitted to the PHP meet the admission criteria as specified above and do not meet the exclusionary criteria as specified above.

(8) The Partial Hospitalization Program shall be scheduled at least 4 hours per day, 5 days per week for day programs and a minimum of 16 hours over at least 4 days per week for evening programs.

(9) Consumers who are deaf will have communication access provided by staff fluent in the preferred language of the consumer or by a qualified interpreter. Staff serving consumers who are deaf will hold certification at Intermediate Plus level

or higher on the Sign Language Proficiency Interview or be a Qualified Interpreter. Programming will be modified to provide effective participation for all consumers who are deaf.

(10) Consumer records document that the consumer received at a minimum 1 hour of individual or group therapy weekly unless clinically contraindicated and documented.

(11) Group size (all types of groups with the exception of activity therapy) shall not exceed 15 except in 16 bed residential programs providing PHP services.

(12) Consumers in a PHP shall be scheduled at least 4 hours per day, 3-5 days per week based on individual clinical needs, preferences, and circumstances. When clinically indicated, less frequent attendance may be utilized during a brief period of transition to less intensive levels of care.

(13) The PHP is a time-limited program with the length of stay (LOS) not to exceed 3 months, unless clinically justified, but not more than 6 months per admission.

(14) Extensions of Length of Stay clearly document reasons consistent with the continued stay criteria, specify a period of time not to exceed one month, specify clinical objectives to be achieved during the extension, are certified by a psychiatrist, a certified nurse practitioner, or licensed physician's assistant, and do not exceed 3 extensions.

(15) Records of discharged consumers indicate that the discharge criteria were met. Consumers attending the program do not meet the discharge criteria.

~~(16) Each consumer shall have training in infection control at program admission.~~

Author: Division of Mental Illness, DMH

Statutory Authority: Code of Ala. 1975, §22-50-11.

History: New Rule: Filed June 14, 2010; effective July 19, 2010. Amended: Filed December 19, 2019.